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PATENT

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Date of Signature and Deposit: November 2, 2001

Attorney of Record

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Thomas D. Doerr et al.  
Serial No.: 09/888,532  
Filed: June 25, 2001  
For: Physician Decision Support System With Rapid Diagnostic Code  
Identification  
Art Unit: 2166  
Docket No.: 951130.90011

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**SUBMISSION OF FORMAL DRAWINGS**

OFFICIAL DRAFTSMAN  
Commissioner for Patents  
Washington, D. C. 20231

Sir:

Enclosed herewith are twenty-three (23) sheets of formal drawings, including Figs. 1-32 in the above specified case. Please enter these drawings into the file.

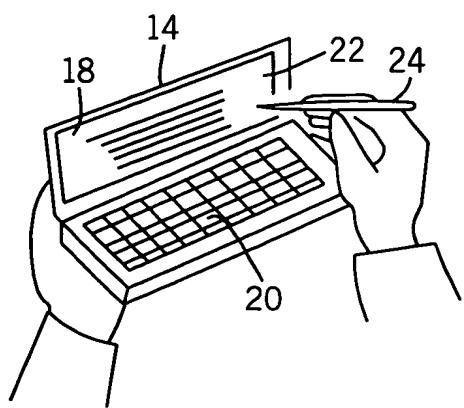
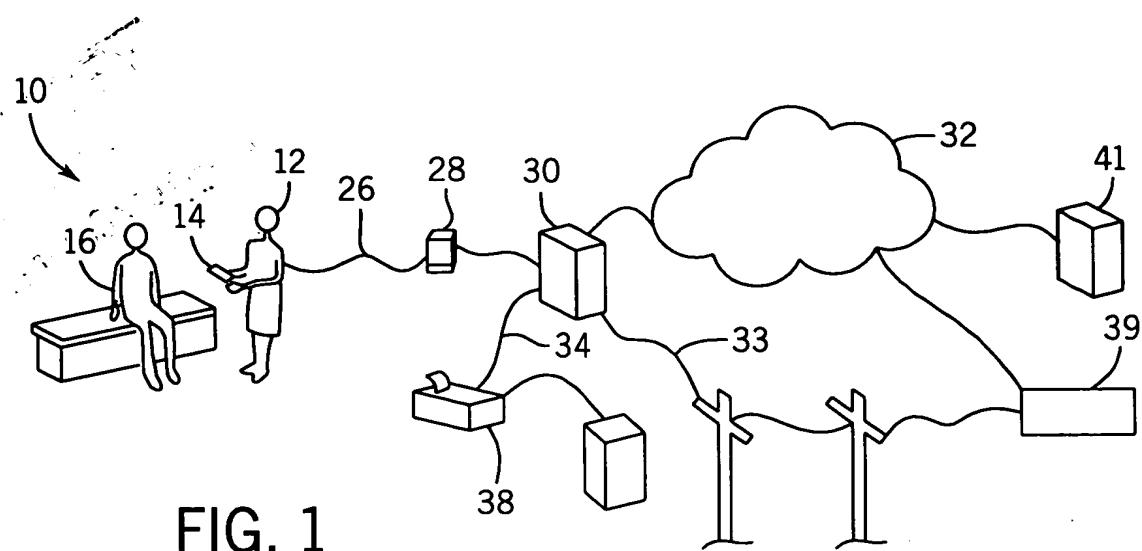
The Commissioner is hereby authorized to charge any cost that may be due to Deposit Account No. 17-0055.

Respectfully submitted,

THOMAS D. DOERR et al.

By:

Keith M. Baxter  
Reg. No. 31,233  
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Quarles & Brady  
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Milwaukee WI 53202  
(414) 277-5719



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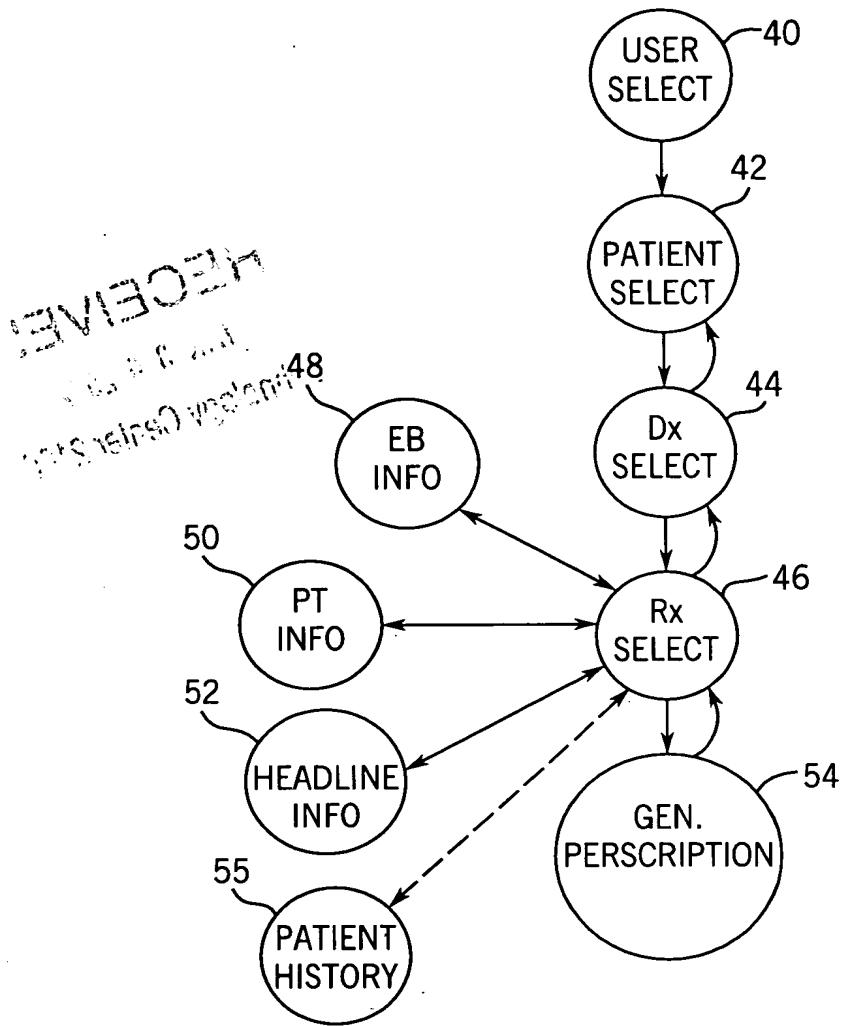


FIG. 3

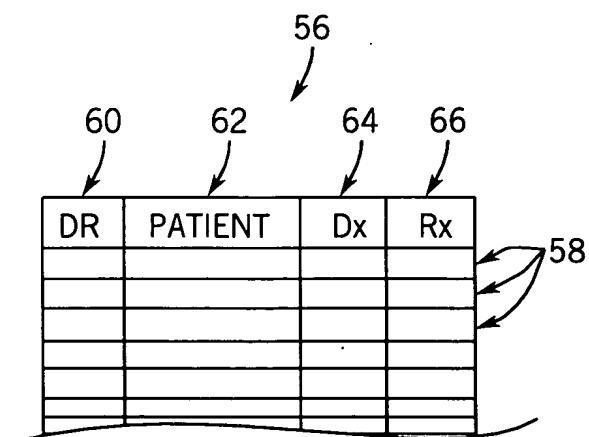


FIG. 4

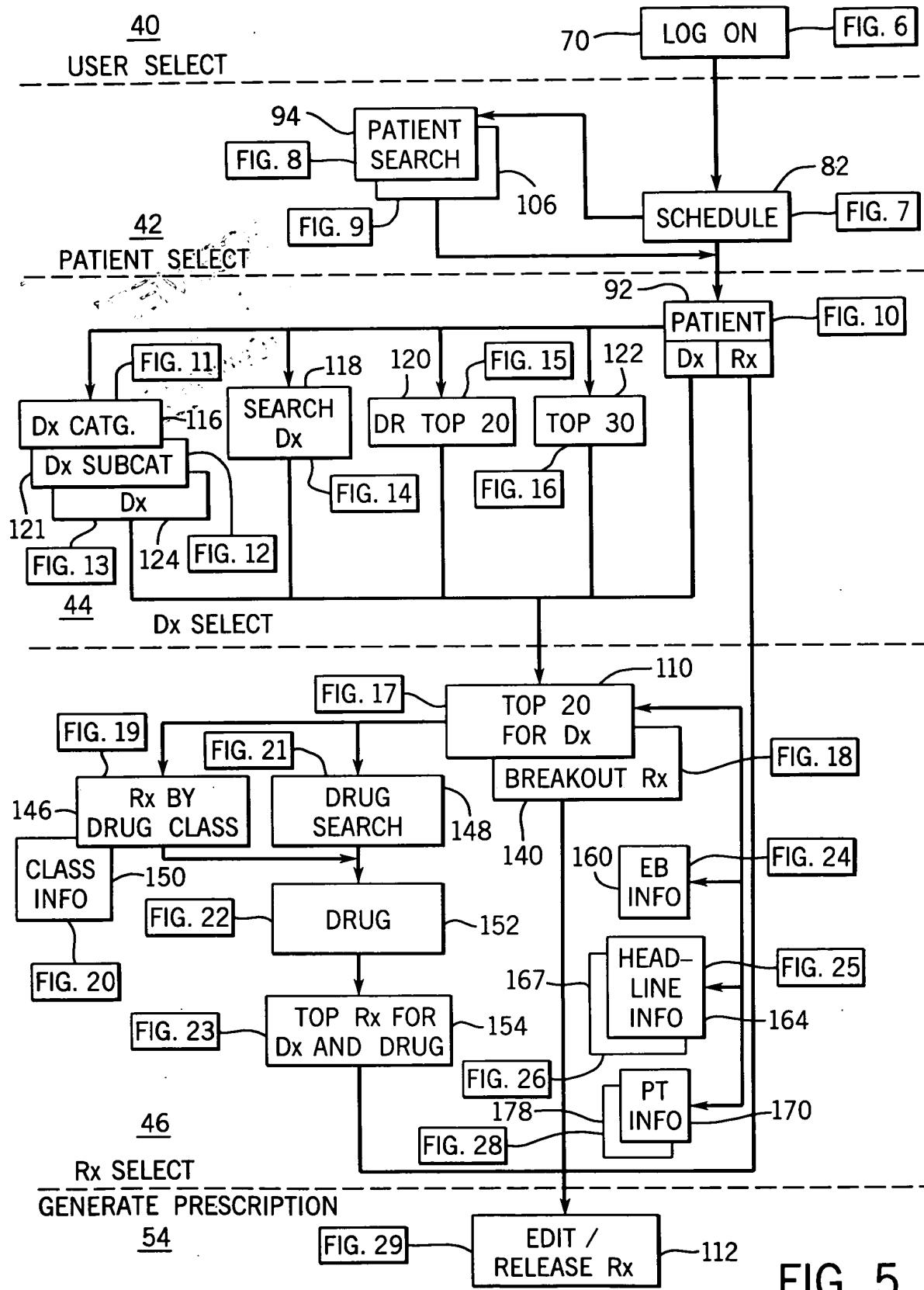


FIG. 5

70

Prescribing User Logon-Welby Medical

Select your facility and user id from the list below, then enter your WELLinx password.

FACILITY: Welby Medical Group ▼ 72      LOCATION: Southwest Clinic ▼ 74

USER ID: MARCUS WELBY ▼ 76

PASSWORD: □ 78

Logon 80

FIG. 6

82

88      93      90

Refresh   Pt Search   Logoff

Select Patient-10 Patients found for today

09:00	WELLINX, DAVID	13:00	MILLER, ELLEN
09:30	ADAMS, LORRAINE	13:30	JOHNSON, SHARON
10:00	SMITH, PATRICIA	14:00	LEE, KEVIN
10:30	DAVIS, ROGER	15:00	ANDERSON, JAMES
11:00	OLSON, MICHAEL	15:30	JEFFERSON, SCOTT

86      84

FIG. 7

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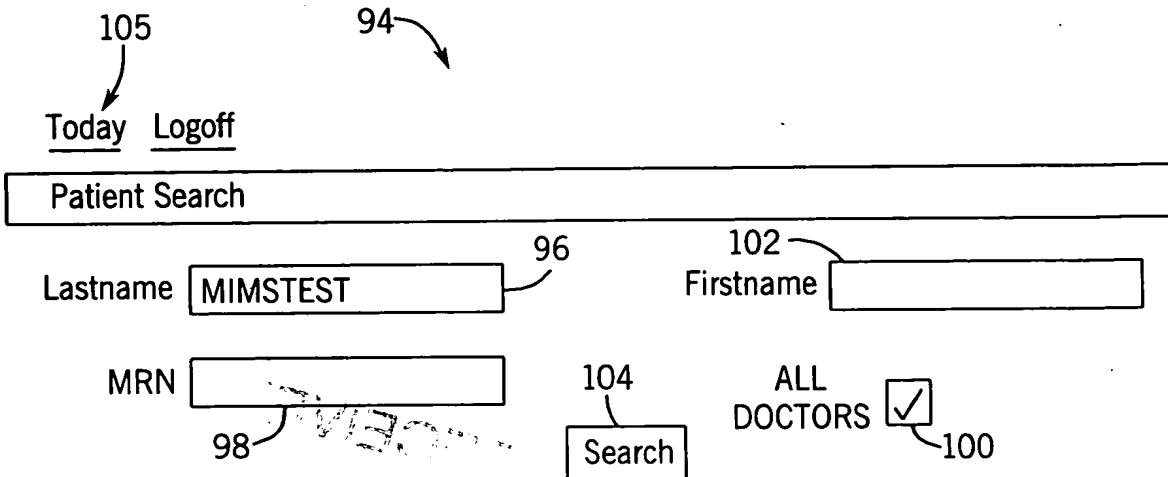


FIG. 8

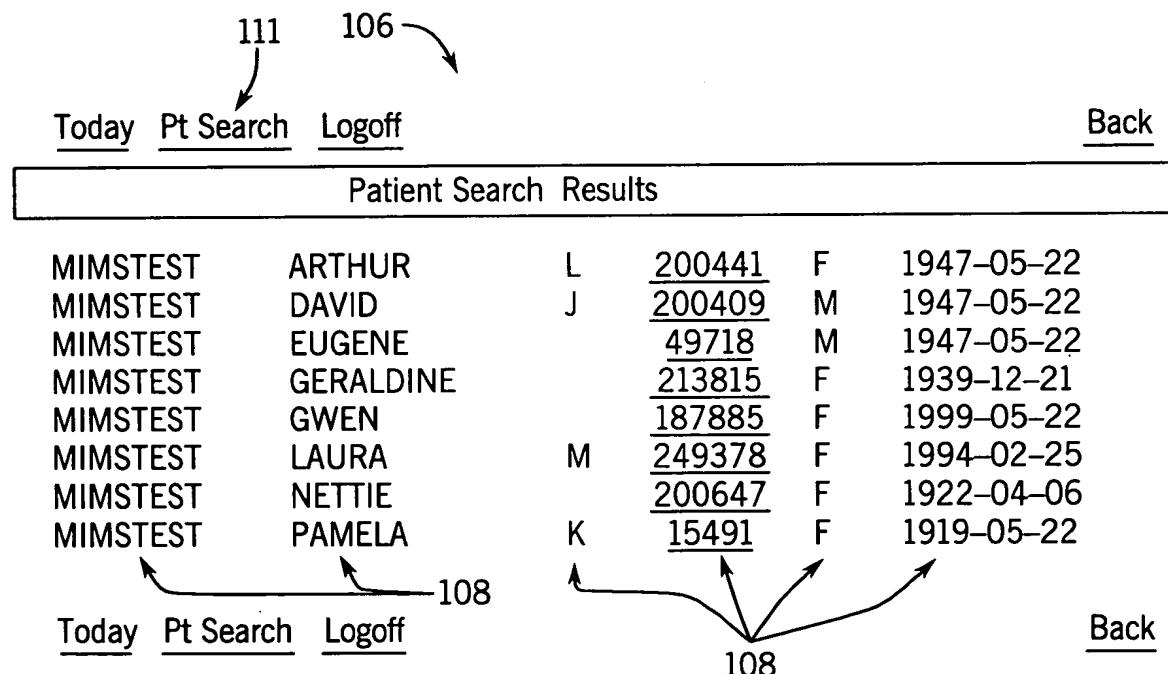


FIG. 9

92 → 113 → 114

<u>Today</u>	<u>Pt Search</u>	<u>Logoff</u>	<u>Done</u>	<u>Add</u>	<u>Dx:</u>	<u>Category</u>	<u>/Search</u>	<u>/My 20</u>	<u>/Top 30</u>	<u>/Cancel</u>
Diagnosis for DAVID WELLINX										
Edit	706.1	ACNE, OTHER (VULGARIS)				TETRACYCLINE	500MG			
						TABLET				
Edit	401.1	BENIGN, ESSENTIAL HYPERTENSION (HTN)				+HYDROCHLOROTHIAZIDE				
						25MG TABLET				
Edit	477.8	ALLERGIC RHINITIS, CAUSE UNSPECIFIED								
<u>Today</u>	<u>Pt Search</u>	<u>Logoff</u>	<u>Done</u>	<u>Add</u>	<u>Dx:</u>	<u>Category</u>	<u>/Search</u>	<u>/My 20</u>	<u>/Top 30</u>	<u>/Cancel</u>

FIG. 10

121 → 123

<u>Today</u>	<u>Pt Search</u>	<u>Logoff</u>	<u>Back</u>	<u>Search</u>	<u>Cancel</u>
Diagnosis SubCategories: Neurology					
<u>Epilepsy and Seizures</u>	<u>Movement &amp; Tremors</u>				
<u>Headache</u>	<u>Nerve Diseases</u>				
<u>Infection</u>	<u>Other Neurology</u>				
<u>Mentation</u>	<u>Symptoms and Vagueness</u>				
<u>Today</u>	<u>Pt Search</u>	<u>Logoff</u>	<u>Back</u>	<u>Search</u>	<u>Cancel</u>

FIG. 12

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Today Pt Search Logoff

Back Search Cancel

Diagnosis Categories

<u>Abnormal Test Results</u>	<u>Infectious Diseases</u>
<u>Blood Vessels, Edema, Lymph</u>	<u>Kidney / Nephrology</u>
<u>Congenital</u>	<u>Lungs Allergy &amp; Sleep</u>
<u>Diabetes</u>	<u>Miscellaneous</u>
<u>E-Codes (secondary diagnosis only)</u>	<u>Mouth</u>
<u>Ear Nose Throat Mouth</u>	<u>Neurology</u> ↗
<u>Endocrine / Metabolic</u>	<u>OB / GYN &amp; Fetus / Newborn</u>
<u>Eyes</u>	<u>Other V Codes</u>
<u>Gastrointestinal</u>	<u>Pediatrics</u>
<u>Heart</u>	<u>Psychiatry</u>
<u>Hematology Oncology</u>	<u>Skeletal: Arm</u>
	<u>Skeletal: Axial</u>
	<u>Skeletal: Leg</u>
	<u>Skeletal: Musculoskeletal</u>
	<u>Skin</u>
	<u>Syndromes</u>
	<u>Trauma</u>
	<u>Urology</u>
	<u>V-Codes: Top 15 (IM)</u>
	<u>V-Codes: Personal Hx of Dz</u>

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Today Pt Search Logoff

Back Search Cancel

FIG. 11

<u>Today</u>	<u>Pt Search</u>	<u>Logoff</u>	<u>124</u>	<u>127</u>	<u>Back</u>	<u>Cancel</u>
<b>Diagnosis Description: Neurology: Headache</b>						
126	346.00		CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE			
	346.01		CLASSICAL MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED			
	346.10		COMMON MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE			
	346.11		COMMON MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED			
	346.80					
	346.91					
	346.90					
	346.81					
	310.2					
	625.4					
	349.0					
	307.81					
	047.9					
	346.21					
	346.20					
<b>Today</b> <u>Pt Search</u> <u>Logoff</u>						

FIG. 13

122 → Today Pt Search Logoff Help 9 / 23

FIG. 14

Diagnosis Search

Search Keyword  130

132 {  
     Diagnosis Description Long Search  
     Diagnosis Description  
     ICD9 Code

Back Submit Cancel

122 → Today Pt Search Logoff

FIG. 16

Back Search Cancel

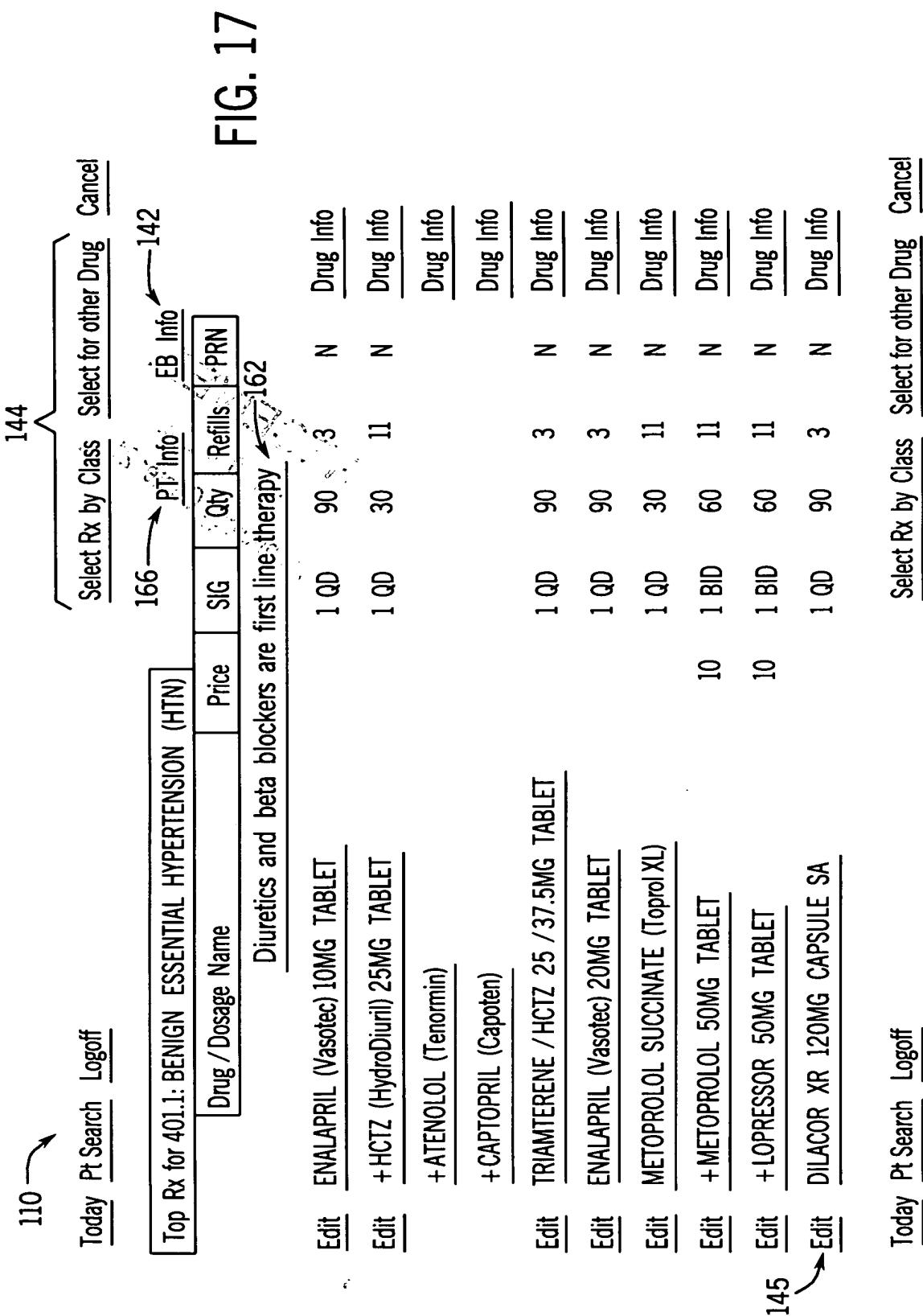
Top 30 Diagnoses

<u>A Fib</u>	<u>Depression</u>	<u>Low Back Pain</u>
<u>Allergic Rhinitis Unspec</u>	<u>Diabetes</u>	<u>Malaise Fatigue</u>
<u>Anemia</u>	<u>Dizziness</u>	<u>Neck Pain</u>
<u>Anxiety</u>	<u>DJD UNS</u>	<u>Otitis Media acute</u>
<u>Asthma Extrinsic w / o Sa</u>	<u>Edema</u>	<u>Pharyngitis acute</u>
<u>BPH</u>	<u>GERD</u>	<u>Rash</u>
<u>Bronchitis acute</u>	<u>Headache</u>	<u>Sinusitis Acute Unspec</u>
<u>Chest Pain UNS</u>	<u>HTN Benign</u>	<u>Tobacco use</u>
<u>CHF</u>	<u>Hyperlipidemia</u>	<u>URI</u>
<u>COPD</u>	<u>Hypothyroid primry</u>	<u>UTI</u>

Today Pt Search Logoff

Back Search Cancel

<u>Today</u>	<u>Pt Search</u>	<u>Logoff</u>	<u>Back</u>	<u>Search</u>	<u>Cancel</u>
<b>Doctor Top 20 Diagnoses</b>					
<u>HTN UNSPEC.</u>	<u>KNEE PAIN</u>	<u>CRAMPS IN LIMB</u>			
<u>FLU VACCINE</u>	<u>PNEUMOVAX / PREVNAR VACC.</u>	<u>POSTMENOPAUSE HORMONE RX</u>			
<u>LAB EXAM</u>	<u>INSOMNIA NOS</u>	<u>ROUTINE MEDICAL EXAM</u>			
<u>LIPOID METABOL DISDORD NOS</u>	<u>DIARRHEA</u>	<u>SCREEN FOR PROSTATE CA</u>			
<u>LONG TERM USE OF HI RISK RX</u>	<u>CVA</u>	<u>SHOULDER PAIN</u>			
<u>LONG TERM USE OF ANTICOAG</u>	<u>SKIN LESION BENIGN NOS</u>	<u>SCREEN FOR RECTAL CA</u>			
<u>OBESITY MORDIB</u>	<u>IRRITABLE BOWEL SYNDROME</u>				
<u>Today</u>	<u>Pt Search</u>	<u>Logoff</u>			



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<u>Today</u>	<u>Pt Search</u>	<u>Logoff</u>	<u>Select Rx by Class</u>	<u>Select for other Drug</u>	<u>Cancel</u>	
Top Rx for 401.1: BENIGN ESSENTIAL HYPERTENSION (HTN)			<u>PT Info</u>	<u>EB Info</u>		
	Drug / Dosage Name	Price	SIG	Qty	Refills	PRN
Diuretics and beta blockers are first line therapy						
Edit	+TENORMIN 50MG TABLET	10	1 QD	30	11	N
Edit	+ATENOLOL 50MG TABLET	10	1 QD	30	11	N
Edit	ATENOLOL 100MG TABLET		1 QD	90	3	N
Edit	ATENOLOL 100MG TABLET		1 QD	100	3	N
Edit	ATENOLOL 100MG TABLET		1 QD	30	11	N
Edit	TENORMIN 100MG TABLET		1 QD	90	3	N
<u>Today</u>	<u>Pt Search</u>	<u>Logoff</u>	<u>Select Rx by Class</u>	<u>Select for other Drug</u>	<u>Cancel</u>	

FIG. 18

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Today Pt Search LogoffCancel Search for other Drug**DRUG CLASSES**Diagnosis 346.00: CLASSICAL MIGRAINE W / O MENTION OF INTRACTABLE MIGR EB Info

<u>Acetaminophen</u>	1	<u>Class Info</u>
<u>+ Analgesic adjuncts</u>	3	<u>Class Info</u>
<u>+ Beta Blockers</u>	5	<u>Class Info</u>
<u>Calcium Channel Blockers</u>	1	<u>Class Info</u>
<u>GI-Prokinetic</u>	1	<u>Class Info</u>
<u>Headache-ergots</u>	3	<u>Class Info</u>
<u>Headache-other</u>	8	
<u>Headache-triptans</u>	5	<u>Class Info</u>
<u>+ NSAIDs</u>	22	<u>Class Info</u>
<u>Narcotics-Mild</u>	8	<u>Class Info</u>
<u>Salicylates</u>	2	<u>Class Info</u>

Today Pt Search LogoffCancel Search for other Drug**FIG. 19**

FIG. 20

**ANALGESIC MEDICATIONS**

**HIGHLIGHTS**

- ULTRAM 100mg = TYLENOL 1000mg, LESS EFFECTIVE THAN IBUPROFEN 400mg [MORE INFO](#)
- TRAMADOL IS LESS EFFECTIVE THAN VICODIN IN ACUTE PAIN [MORE INFO](#)
- REASONS TO AVOID DEMEROL [MORE INFO](#)

**CONTENTS**

<u>TREATMENT OPTIONS</u>	<u>LOWER POTENCY NARCOTICS</u>
<u>ACETAMINOPHEN</u>	<u>STRONGER NARCOTICS</u>
<u>SALICYLATES</u>	<u>ADJUNCTIVE MEDICATIONS</u>
<u>NSAIDs</u>	<u>WEBSITES</u>
<u>NSAID COX 2 INHIBITOR</u>	

**TREATMENT OPTIONS (REFER TO INFORMATION PRESENTED IN FOLLOWING SECTIONS FOR EFFICACY AND DOSING INFORMATION)**

MILD PAIN - ACETAMINOPHEN, SALICYLATES, NSAIDS, ADJUVANT MEDICATIONS (SELECTED SITUATIONS SUCH AS NEUROPATHIC PAIN)

Moderate PAIN - ALL OF THE ABOVE AS WELL AS WEAK OPIATE / OPIOID DRUGS (i.e. CODEINE, OXYCODONE)

SEVERE PAIN - STRONG OPIATE / OPIOIDS (i.e. MORPHINE, HYDROMORPHONE, LEVORPHANOL) +/ ALL OF THE ABOVE

**• CHRONIC, CONTINUOUS PAIN WARRANTS USE OF SCHEDULED ADMINISTRATION TIMES INSTEAD OF PM DOSING, AND USE OF EXTENDED RELEASE ANALGESIC PREPARATIONS.**

**• IMMEDIATE RELEASE (IR) DOSAGE FORMS ARE APPROPRIATE FOR TREATMENT OF ACUTE OR EPISODIC PAIN, OR TO IMPROVE ANALGESIA DURING BREAKTHROUGH PAIN.**

- NSAIDS IN COMBINATION WITH OPIOIDS MAY BE HELPFUL FOR PAIN RESULTING FROM BONE METASTASES.
- CORTICOSTEROIDS (i.e. DEXAMETHASONE) MAY BE HELPFUL FOR SITUATIONS INVOLVING NERVE COMPRESSION OR INCREASED INTRACRANIAL PRESSURE.
- ANTIDEPRESSANTS AND ANTICONVULSANTS HAVE BEEN USED IN NEUROPATHIC PAIN.

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Today Pt Search Logoff

FIG. 21

Drug Search

Drugs

- BRAND OR GENERIC (COMMON MEDS ONLY)
- BRAND NAME ONLY (ALL MEDS)
- DRUG CLASS

BACK

SEARCH

CANCEL

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Today Pt Search Logoff

Back Search for Other Drug Cancel

DRUG NAMES

Diagnosis 346.00: CLASSICAL MIGRAINE W / O  
MENTION OF INTRACTABLE MIGR

CODEINE PHOSPHATE / APAP (Tylenol W / Cod)	<u>Drug Info</u>
HYDROCODONE / APAP (Vicodin)	<u>Drug Info</u>
PROPOXYPHENE (Darvon)	<u>Drug Info</u>
PROPOXYPHENE HCL / ACETAMINOPHEN (Darvocet)	<u>Drug Info</u>
PROPOXYPHENE HCL / ASA / CAFFEINE (Darvocet Compd)	<u>Drug Info</u>
PROPOXYPHENE NAPSYLATE (Darvon N)	<u>Drug Info</u>
PROPOXYPHENE NAPSYLATE / APAP (Darvocet N)	<u>Drug Info</u>
TRAMADOL (Ultram)	<u>Drug Info</u>

Today Pt Search Logoff

Back Search for Other Drug Cancel

FIG. 22

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Today Pt Search LogoffBack Select for other Drug Cancel**Drug Dosage**

Diagnosis 346.00: CLASSICAL MIGRAINE W /O MENTION OF INTRACTABLE MIGR

	Drug	Price	SIG	Qty	Refills	PRN	Info
<u>Edit</u>	<u>TYLENOL W/CODEINE ELIXIR</u>		5 Q 6HR	120	0	N	<u>Drug Info</u>
<u>Edit</u>	<u>TYLENOL W/CODEINE #2 TABLET</u>		2 Q 4HR	60	0	N	<u>Drug Info</u>
<u>Edit</u>	<u>TYLENOL W/CODEINE #3 TABLET</u>		1 Q 4HR	30	1	Y	<u>Drug Info</u>
<u>Edit</u>	<u>TYLENOL W/CODEINE #4 TABLET</u>		1 Q 4HR	30	0	Y	<u>Drug Info</u>
<u>Edit</u>	<u>ACETAMINOPHEN / COD #3 TABLET</u>		1 Q 4HR	30	1	Y	<u>Drug Info</u>
<u>Edit</u>	<u>ACETAMINOPHEN W / COD ELIXIR</u>		5 Q 6HR	120	0	N	<u>Drug Info</u>
<u>Edit</u>	<u>TY-PAP W / CODEINE ELIXIR</u>		5 Q 6HR	120	0	N	<u>Drug Info</u>
<u>Edit</u>	<u>MI-CODE ELIXIR</u>		5 Q 6HR	120	0	N	<u>Drug Info</u>
<u>Edit</u>	<u>ACETAMINOPHEN / CODEINE SOLN</u>						
<u>Edit</u>	<u>ACETAMINOPHEN / COD ELIXIR</u>		5 Q 6HR	120	0	N	<u>Drug Info</u>

Today Pt Search LogoffBack Select for other Drug Cancel**FIG. 23**

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## PRIMARY HEADACHE DISORDERS

### HIGHLIGHTS

- TAILOR MIGRAINE Rx TO SEVERITY OF HEADACHE OR PRIOR RESPONSE. [MORE INFO](#)
- USE ABORTIVE THERAPIES NO MORE OFTEN THAN TWICE WEEKLY TO PREVENT CHRONIC DAILY HEADACHES. [MORE INFO](#)
- NSAIDS AND EXCEDRIN MIGRAINE ARE FIRST LINE FOR PATIENTS WITH MILD-MODERATE MIGRAINE. [MORE INFO](#)
- USE MIGRAINE-SPECIFIC AGENTS (TRIPTANS, DHE, ERGOTAMINE) IN PATIENTS WITH MORE SEVERE HEADACHES OR IF UNRESPONSIVE TO NSAIDS AND OTC ANALGESICS. [MORE INFO](#)
- DICLOFENAC K<sup>+</sup> EQUAL EFFICACY, BUT LESS NAUSEA THAN SUMATRIPTAN 100mg. [MORE INFO](#)
- NSAID / METOCLOPRAMIDE AS EFFECTIVE AS ORAL SUMATRIPTAN FOR MODERATE-SEVERE MIGRAINE. [MORE INFO](#)

### CONTENTS

#### CLINICAL FEATURES

#### DIAGNOSIS

#### MEDICATION OVERUSE HEADACHE / REBOUND HEADACHE

#### NON-DRUG THERAPY

#### DOSAGE FORM SELECTION FOR MIGRAINE

#### ABORTIVE THERAPY TABLE

#### ABORTIVE THERAPY GUIDELINES

#### COMPARATIVE STUDIES OF ABORTIVE DRUGS

#### MIGRAINE PROPHYLAXIS

#### MIGRAINE PATIENT TALKING POINTS

#### TREATMENT OF TENSION-TYPE HEADACHE

#### TREATMENT OF CLUSTER HEADACHE

#### GUIDELINES ON THE WEB

#### TRIPTANS

#### DIHYDROERGOTAMINE (DHE)

#### PATIENT INFORMATION

CLINICAL FEATURES (ADAPTED FROM MAYO CLIN PROC 1996;71:1055)

FEATURE	MIGRAINE	TENSION-TYPE HEADACHE	CLUSTER HEADACHE
PREVALENCE	COMMON	COMMON	RARE
AURA	PRESENT IN 15%	NONE	NONE
SITE OF PAIN	HEMICRANIAL, BILATERAL	BILATERAL, OCCIPITAL, FRONTAL	UNILATERAL, FRONTOTEMPORAL

FIG. 24

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- DICLOFENAC POTASSIUM: EQUAL EFFICACY BUT LESS NAUSEA THAN SUMATRIPTAN 100mg. (ANON. CEPHALGIA 1999;19(4):232-40) DICLOFENAC POTASSIUM 50mg COSTS LESS THAN SUMATRIPTAN 100mg (LESS THAN \$2 VS \$34).
- ASA 900mg PLUS METOCLOPRAMIDE 10mg (<\$2) AS EFFECTIVE AS SUMATRIPTAN 100mg (\$32) IN THE TREATMENT OF MODERATE-SEVERE MIGRAINE. (TFELT-HANSEN P LANCET 1995;346:923-26) (ANON. EUR NEUROL 1992;32:177-84)
- SC SUMATRIPTAN ASSOCIATED WITH MORE HEADACHE RECURRENCE THAN DHE NASAL SPRAY. SUMATRIPTAN 6mg SC PROVIDED BETTER RELIEF OF HEADACHE AND ASSOCIATED SYMPTOMS THAN DHE NASAL SPRAY 1mg, HOWEVER HEADACHE REURRED MORE COMMONLY AFTER TREATMENT WITH SUMATRIPTAN (31% VS 17%). BECAUSE THE DOSE OF DHE USED IN THIS STUDY IS BELOW THE RECOMMENDED DOSE OF 2mg, IT IS DIFFICULT TO COMPARE THE EFFICACY FOR HEADACHE RELIEF. (TOUCHON J. NEUROLOGY 1996;47:361-5) PATIENTS WITH LONG DURATION HEADACHES MAY BENEFIT FROM INTRANASAL DHE.
- ORAL SUMATRIPTAN MORE EFFECTIVE THAN ERGOTAMINE / CAFFEINE, BUT HAS HIGHER RECURRENCE RATE. IN A RCT INVOLVING 466 PATIENTS, IMPROVEMENT IN PAIN AT 2 HOURS OCURRED IN 66% OF PATIENTS TREATED WITH ORAL SUMATRIPTAN VS 48% OF PATIENTS TREATED WITH A COMBINATION OF ERGOTAMINE AND CAFFEINE (CAFERGOT<sup>®</sup>). HOWEVER, HEADACHES REURRED IN 41% IN THE SUMATRIPTAN GROUP, COMPARED TO 30% OF THE ERGOTAMINE / CAFFEINE GROUP. SIDE EFFECTS WERE COMPARABLE. (ANON. EUR NEUROLOGY 1991;31:314-22)

#### MIGRAINE PROPHYLAXIS

- GENERAL INFORMATION
- GUIDELINES
- DRUG TABLE

FIG. 25

## FIG. 26

ACUTE TREATMENT OF MIGRAINE ATTACKS: EFFICACY AND SAFETY OF A NONSTEROIDAL ANTI-INFLAMMATORY DRUG, DICLOFENAC-POTASSIUM, IN COMPARISON TO ORAL SUMATRIPTAN AND PLACEBO

ANON. CEPHALALGIA 1999; 19(4): 232-40

STUDY DESIGN: DOUBLE-BLIND, CROSS-OVER RCT IN 156 ADULTS WITH MIGRAINE +/- AURA (2-6 MIGRAINES / MONTH)  
INTERVENTION: DICLOFENAC-K 50mg VS DICLOFENAC-K 100mg VS SUMATRIPTAN 100mg VS PLACEBO (ALL PATIENTS RECEIVED ALL FOUR TREATMENTS OVER A PERIOD OF 3 MONTHS)

RESULTS: HEADACHE PAIN 2 HR AFTER DOSING (BASED ON VAS): BOTH DOSES DICLOFENAC AND SUMATRIPTAN SUPERIOR TO PLACEBO, DICLOFENAC 50mg = 100mg, BOTH DOSES DICLOFENAC = SUMATRIPTAN. ACTIVE TREATMENTS EQUALLY EFFECTIVE TO EACH OTHER AND SUPERIOR TO PLACEBO OVER 8 HOUR OBSERVATION PERIOD. SIGNIFICANT PAIN RELIEF OCCURRED AT 60 MIN WITH DICLOFENAC VS. 90 MIN WITH SUMATRIPTAN. THERE WAS NO DIFFERENCE BETWEEN ACTIVE TREATMENT GROUPS IN THE USE OF RESCUE MEDICATION (36% VS 41%). THERE WAS NO DIFFERENCE BETWEEN GROUPS IN RATE OF HEADACHE RECURRENCE (22-24% FOR DICLOFENAC, 26% FOR SUMATRIPTAN, AND 19% FOR PLACEBO), HOWEVER THE INCREASED USE OF RESCUE MEDICATION IN THE PLACEBO GROUP COULD HAVE CONFOUNDED THESE RESULTS. AT 2 HR AFTER DOSING, THERE WAS LESS NAUSEA IN DICLOFENAC GROUPS COMPARED TO SUMATRIPTAN AND PLACEBO GROUPS (22-27% VS 41-43%). AT 8 HR AFTER DOSING, THERE WAS LESS NAUSEA IN THE DICLOFENAC AND SUMATRIPTAN GROUPS COMPARED TO PLACEBO (DICLOFENAC 15-19%, SUMATRIPTAN 28%, PLACEBO 39%). AT 2HR AFTER DOSING, THERE WAS LESS VOMITING IN THE DICLOFENAC AND PLACEBO GROUPS COMPARED TO THE SUMATRIPTAN GROUP (2 HR: 3-7% VS 13%). AT 8HR AFTER DOSING, VOMITING WAS DECREASED IN THE DICLOFENAC GROUPS COMPARED TO SUMATRIPTAN (2-4% VS 10%). MORE ADVERSE EVENTS OCCURRED IN THE SUMATRIPTAN GROUP COMPARED TO THE OTHER GROUPS (31% VS 12-18%), HOWEVER THERE WAS NO DIFFERENCE IN THE RATE OF DISCONTINUATION DUE TO ADVERSE EVENTS. DIZZINESS, PARESTHESIA, ASTHENIA, AND TACHYCARDIA APPEARED TO OCCUR MORE COMMONLY IN THE SUMATRIPTAN GROUP.

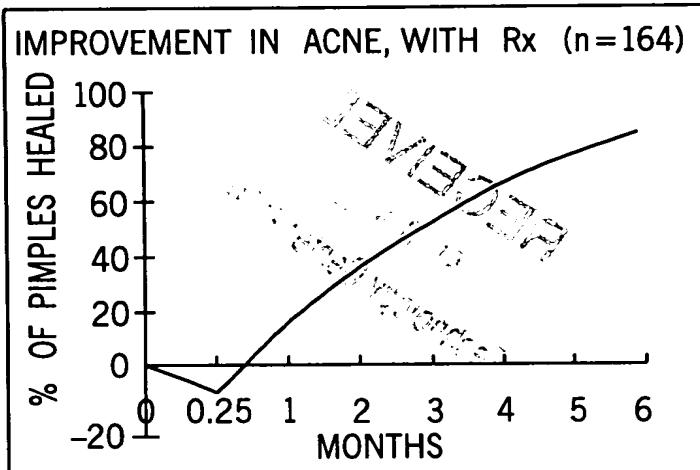
COMMENTS: SEVERITY OF MIGRAINES AND SOME PERTINENT BASELINE CHARACTERISTICS (i.e. NUMBER OF HEADACHES TREATED, USE OF PROPHYLACTIC MEDICATIONS) NOT DESCRIBED. DID NOT REPORT % OF PATIENTS WITH RELIEF OF HEADACHE PAIN.

CONCLUSION: THIS STUDY DEMONSTRATED EQUIVALENCE OF DICLOFENAC-K AND HIGH DOSE SUMATRIPTAN FOR HEADACHE RELIEF, WITH A SLIGHTLY FASTER ONSET FOR DICLOFENAC. NAUSEA AND VOMITING WERE REDUCED IN THE DICLOFENAC GROUPS COMPARED TO THE SUMATRIPTAN GROUP.  
RETURN TO TOPIC

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FIG. 27

## TALKING POINTS WITH PATIENTS



1. IT IS IMPORTANT TO GUIDE EXPECTATIONS AT THE OUTSET, TO ALLOW 6 MONTHS FOR MEDICATIONS TO WORK. THIS FIGURE IS OF 164 PTS TREATED WITH TRETINOIN OR TRETINOIN AND ORAL MINOCYCLINE. IN TIME, MOST PATIENTS ACHIEVE SUCCESSFUL OUTCOMES. BUT THOSE PATIENTS WHO CANNOT ACCEPT THE NEED TO WAIT 3 TO 5 MONTHS FOR RESULTS WILL USUALLY BE DISAPPOINTED. ADAPTED FROM CUNLIFFE, WJ. J EUR ACAD DERMATOL. 1992; 1:43-52 AND KATSAMBAS et al. ACTA DERM VENEREOL. 1989; S143:35-9.

## PRINTABLE FLOW SHEET FOR CHART:

## PRINT

ACNE LESION FLOW SHEET (1 PAGE) PROVIDES A QUANTITATIVE OBJECTIVE SCORING SYSTEM FOR ASSESSING ACNE.

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## OTHER INTERNET LINKS OF VALUE:

- <http://www.rocheusa.com/products/accutane/pi.html>: A LINK TO THE ROCHE WEBSITE ABOUT ACCUTANE. IT CONTAINS THE PATIENT CONSENT FORM FOR STARTING ISOTRETINOIN, ALONG WITH INFORMATION FOR THE PATIENT ABOUT SIDE EFFECTS.

**PRINT NOW**

PRINT LATER

FIG. 28

## PATIENT CONSENT FORM:

TO BE COMPLETED BY THE PATIENT, HER PARENT / GUARDIAN\* AND SIGNED BY HER PRESCRIBER.  
PLEASE READ EACH ITEM BELOW AND INITIAL IN THE SPACE PROVIDED TO INDICATE THAT YOU UNDERSTAND EACH ITEM AND AGREE TO FOLLOW YOUR PRESCRIBER'S INSTRUCTIONS. DO NOT SIGN THIS CONSENT AND DO NOT TAKE ACCUTANE IF THERE IS ANYTHING THAT YOU DO NOT UNDERSTAND. A PARENT OR GUARDIAN OF A MINOR PATIENT MUST ALSO READ AND UNDERSTAND EACH ITEM BEFORE SIGNING THE CONSENT.

1. I,

(PATIENT'S NAME)

UNDERSTAND THAT ACCUTANE IS A VERY POWERFUL MEDICINE WITH THE POTENTIAL FOR SERIOUS ADVERSE EFFECTS THAT IS USED TO TREAT SEVERE NODULAR ACNE THAT DID NOT GET BETTER WITH OTHER TREATMENTS INCLUDING ORAL ANTIBIOTICS.

INITIALS: \_\_\_\_\_

2. I UNDERSTAND THAT I MUST NOT TAKE ACCUTANE (ISOTRETINOIN) IF I AM PREGNANT. I UNDERSTAND THAT I MUST NOT TAKE ACCUTANE IF I AM ABLE TO BECOME PREGNANT AND AM NOT USING THE REQUIRED TWO SEPARATE FORMS OF EFFECTIVE METHODS OF BIRTH CONTROL.

INITIALS: \_\_\_\_\_

3. I UNDERSTAND FROM MY PRESCRIBER THAT ALTHOUGH NOT EVERY FETUS EXPOSED TO ACCUTANE HAS RESULTED IN A DEFORMED CHILD, THERE IS AN EXTREMELY HIGH RISK THAT MY UNBORN BABY COULD HAVE SEVERE BIRTH DEFECTS IF I AM PREGNANT OR BECOME PREGNANT WHILE TAKING ACCUTANE IN ANY AMOUNT EVEN FOR SHORT PERIODS OF TIME. POTENTIALLY ANY FETUS EXPOSED DURING PREGNANCY CAN BE AFFECTED.

INITIALS: \_\_\_\_\_

FIG. 29

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<u>New Rx for Same Dx</u>	<u>Rx Complete</u>	<u>Cancel</u>
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Rx FOR DAVID WELLINX by MARCUS WELBY

Drug	HYDROCHLORTIAZIDE 25MG TAB	Substitution Permitted <input checked="" type="checkbox"/>
Dose	1 TABS (ORAL)	Frequency QD <input checked="" type="checkbox"/>
Dispense	30 EA	Refill 11
Instructions	180	

Fill Method  PRN Indic

Fax <input checked="" type="checkbox"/>
Pms <input checked="" type="checkbox"/>
In Office <input checked="" type="checkbox"/>

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Dx	Dx DESCRIPTION	MAJOR CAT.	SUB CAT.	DWST

FIG. 30

DWST	HEADLINE	ER INFO	Pt INFO	REV

FIG. 31

Pt	Dx	PRESCRIPTION DETAILS	STOP REASON

FIG. 32